

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



CHAPTER III
RECIPIENT ELIGIBILITY

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



CHAPTER III

TABLE OF CONTENTS

	<u>Page</u>
Determining Eligibility	1
Medicaid Eligibility for Nonresident Aliens	1
Medicaid Eligibility for Institutionalized Individuals	2
Categorically Needy	2
Medically Indigent	3
Medically Needy	4
Recipient Eligibility Card	5
Period of Eligibility	5
Name(s) of Eligible Person(s)	5
Recipient's Eligibility Number	5
Special Indicator Code (SI)	5
Date of Birth	6
Sex	6
Insurance Information Section	6
Primary Care Providers for Client Medical Management Program	7
Verification of Recipient Eligibility	8
Verification of the Age of the Recipient	8
Recipient Without an Eligibility Card	8
Assistance to Patients Possibly Eligible for Benefits	8
Non-Medicaid Patient Relationship	9
Newborn Infant Eligibility	9
Medicaid Eligibility for Hospice Services	9
Exhibit III.1 - Example of Emergency Medical Certification Form	10
Exhibit III.2 - Example of Recipient Eligibility Card	11
Exhibit III.3 - Example of Restricted Recipient Eligibility Card, Client Medical Management Program	12

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



CHAPTER III
TABLE OF CONTENTS (continued)

Exhibit III.4 - Example of Recipient Eligibility Card, Qualified Medicare Beneficiary--QMB	13
Exhibit III.5 - Example of Recipient Eligibility Card, Qualified Medicare Beneficiary--QMB Extended	14
Exhibit III.6 - Example of the Back of the Recipient Eligibility Card	15
Exhibit III.7 - Insurance Company Codes	16
Exhibit III.8 - Type of Coverage Codes	22

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	1
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



CHAPTER III RECIPIENT ELIGIBILITY

DETERMINING ELIGIBILITY

[Effective Date: July 1969]

Eligibility determinations are made by local departments of social services. Inquiries from persons who wish to apply for medical assistance should be referred to the office of the Department of Social Services in the locality in which the applicant resides. DMAS will not pay providers for services, supplies, or equipment until eligibility has been finally determined. (See "Assistance to Patients Possibly Eligible for Benefits.")

All Medicaid recipients must be United States citizens, lawfully-admitted aliens, or nonresident aliens meeting special conditions and must be residents of Virginia. Recipients are eligible either as "categorically needy," "medically needy," or "medically indigent."

Medicaid Eligibility for Nonresident Aliens

[Effective Date: December 1, 1988]

Local departments of social services determine the eligibility of the nonresident alien to receive emergency Medicaid coverage based on regular eligibility criteria and the documentation from the provider of services that the emergency services were provided. Referrals to the local social services agency may come from the provider or from the nonresident alien. (See Chapter I for information on the covered services and the coverage criteria.)

The documentation of the emergency treatment will be verified by the local social services agency through the patient's medical record obtained from the provider. (Childbirth is defined as an emergency service.) This documentation must include all required Medicaid forms and a copy of the recipient's complete medical record. (For inpatient hospital stays, this documentation will be the medical record for the entire hospitalization up to the 21-day limit for those over age 20.) The local social services agency will submit this documentation to Medicaid for approval of the coverage of treatment and for establishment of the time for which this coverage will be valid.

If the recipient is found eligible and the emergency coverage is approved by Medicaid, each provider rendering the emergency care will be notified via the Emergency Medical Certification Form of the recipient's temporary eligibility number for coverage of the treatment of the conditions during the time stated on this form. This form will also be used to notify providers that a nonresident alien is not eligible for emergency care. (See Exhibit III.1 for a sample Emergency Medical Certification Form.)

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	2
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



Medicaid Eligibility for Institutionalized Individuals

[Effective Date: September 30, 1989]

Medicaid policies regarding the eligibility of institutionalized individuals allow a different method of determining income and resource eligibility and computing post eligibility income for situations where there is a community spouse.

The institutionalized individual is defined as one who is an inpatient in a medical institution or nursing facility or one who receives home and community-based care waiver services such as personal care, adult day health, or respite care. The institutionalized individual's spouse at home is referred to as the community spouse. The community spouse will be able to keep a specified amount of income and resources to enable the community spouse to continue to meet maintenance needs in the community (e.g., mortgage amounts and utility costs). The institutionalized spouse will be allowed to transfer a certain amount of resources to the community spouse without penalty according to the determination made by the local social services department.

Prior to applying for Medicaid, the institutionalized individual or the community spouse can request a resource assessment. The local Department of Social Services completes the Resource Assessment document which produces a compilation of a couple's combined countable resources at the time one spouse becomes institutionalized and a calculation of the amount that is attributable to each spouse.

The resource assessment is available only to persons institutionalized or receiving home and community-based care for a continuous period that began on or after September 30, 1989. The resource assessment does not have to be a part of a Medicaid application, and it can be appealed through the normal recipient appeals procedures.

Categorically Needy

[Effective Date: July 1969; Revised July 1989]

Categorically needy recipients are eligible if they fall into the following categories:

- Aged (eligible for Supplemental Security Income)
- Blind (eligible for Supplemental Security Income)
- Disabled (eligible for Supplemental Security Income)
- Children eligible for Aid to Dependent Children (ADC)
- Adult caretaker relatives of children eligible for ADC
- Hospice recipients (Effective July 1, 1993)
- Pregnant women who have income and resources within the ADC limits
- Newborns up to age one year whose mothers are eligible for and receiving Medicaid

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	3
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



- Children under age 21 in the care of public or private child caring agencies
- Children under age 21 in nursing facilities
- Children under age 21 in subsidized adoptions (qualified for Title IV-E)
- Individuals eligible for ADC or SSI but not receiving it
- Individuals who would be eligible for SSI or ADC except for a reason prohibited under Title XIX
- Individuals in long-term care institutions with income under a special income cap
- Individuals receiving services under a home and community-based care waiver with income under a special income cap

Medically Indigent

[Effective Date: July 1, 1988; Revised July 1989]

- Individuals considered as "Medically Indigent." They include:
 1. Pregnant Women with income up to 133% of the Federal Poverty Income Guideline
 2. Children under age six whose parents' income is within 133% of the Federal Poverty Income Guideline
 3. Children who have attained six years of age but who have not attained nineteen years of age with income up to 100% of the Federal Poverty Income Guideline (Effective July 1, 1993)
 4. Qualified Medicare Beneficiaries (QMBs) with income up to 100% of the Federal Poverty Income Guideline. This group is eligible for Medicaid coverage of Medicare premiums, deductibles, and coinsurance only.
 5. Qualified Medicare Beneficiaries--Extended (QMB--Extended) with income up to the Medicaid income limits. This group is eligible for Medicaid coverage of premiums, deductibles, and coinsurance plus all other Medicaid-covered services.
 6. Qualified Disabled and Working Individuals with income up to 200% of the Federal Poverty Income Guidelines. This group is eligible for Medicaid payment of the Medicare Part A premiums only.

The medically indigent Pregnant Women and Children eligibility groups have no resource limits. Coverage as medically indigent cannot go back earlier than July 1, 1988, for medically indigent pregnant women and children, and January 1, 1989, for Qualified Medicare Beneficiaries.

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	4
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



A medically indigent pregnant woman remains in that classification until the end of the 60-day postpartum period. Infants remain eligible for Medicaid up to their first birthday as long as the mother is eligible or would be eligible if pregnant. Infants and children in this classification who are receiving inpatient services on the date they reach the maximum age for coverage as medically indigent will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

Medically Needy

[Effective Date: January 1970; Revised July 1989]

Medically needy recipients generally meet all the eligibility requirements for categorically needy coverage, except that their income and resources exceed the categorically needy limits. Medically needy recipients are eligible if they fall into the following categories and have income and resources within the medically needy limits:

- Aged
- Blind
- Disabled
- Children who meet the categorical requirements for ADC
- Pregnant women
- Children under age eight born after September 30, 1983
- Newborn children up to age one if the mother is eligible for Medicaid or would be eligible if she were pregnant
- Children in nursing care facilities
- Children in subsidized adoptions
- Children under age 21 in the care of public or private child-caring agencies

Even if a Medicaid applicant's income is over the Medicaid limit, that applicant may become eligible for a limited period of Medicaid coverage if all other eligibility factors are met. This is called a "spend-down." The applicant's medical expenses must equal or exceed the difference between his or her income and the Medicaid income limit. Only outstanding medical bills can be used in determining the spend-down regardless of when they were incurred. If the medical expenses of the applicant equal this spend-down amount before the end of the six-month period, the applicant may receive a limited period of Medicaid coverage which will stop at the end of the six months. A new application must be filed to initiate another spend-down period.

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	5
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



RECIPIENT ELIGIBILITY CARD

[Effective Date: July 1969; Revised July 1989]

An eligibility card is issued to each Medicaid family unit, listing the names and numbers of all eligible individuals within the family unit. **The provider is obligated to determine that the person to whom care or service is being rendered is the same individual listed on the eligibility card.** The provider has the responsibility to request such identification as he or she deems necessary.

Eligibility for Medicaid benefits can be readily determined by using information obtained from the patient's Medicaid eligibility card. Exhibits III.2, III.3, III.4, and III.5 contain completed sample recipient eligibility cards including any applicable specific service coverage limitations or restrictions. Exhibit III.6 shows a sample of the back of the card which contains a variety of important and useful information.

The eligibility card contains the following information.

Period of Eligibility (Item 1a & b)

Dates of eligibility are printed on the recipient's eligibility card as Begin Date (1a) and Last Day of the Month (1b).

The provider must determine if the service is within the dates of eligibility. Benefits are available only for services performed during the indicated period of eligibility. These dates must be checked prior to rendering any service.

Note: Medicaid will not pay for care or services rendered before the beginning date or after the end date.

Name(s) of Eligible Person(s) (Item 2)

An eligibility card is issued to each Medicaid family unit, listing the names and eligibility numbers of all Medicaid-eligible individuals within that family unit.

Recipient's Eligibility Number (Items 3a & b)

The recipient's complete eligibility number is found in two parts on the eligibility card. The first nine digits are found in the Case Identification Number block (Item 3a). The last three digits are found in the Recipient Identification Number block (Item 3b).

To fulfill the requirements of claims processing, it is essential that all 12 digits be entered on the Medicaid forms.

Special Indicator Code (SI) (Item 4)

The Special Indicator Code (SI) in the recipient information portion of the card indicates the status of copayments or eligibility for certain additional services. These codes are:

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	6
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



<u>Code</u>	<u>Message</u>
A	Under 21 - No copay exists.
B	Individuals Receiving Long-Term Care Services or Hospice Care - No copay is required for any service.
C	All Other Recipients - Copays apply for inpatient hospital admissions, outpatient hospital clinic visits, clinic visits, physician office visits, other physician visits, eye examinations, prescriptions, home health visits, and rehabilitation service visits. [Effective July 1, 1992]

Pregnancy-related services or family planning clinic visits, drugs, and supplies are exempt from copays for all recipients. No copayments apply for any emergency services for any recipient, except for pharmacy for which there are no emergency exceptions unless the recipient participates in the Client Medical Management Program (see page 7, "Primary Care Providers for Client Medical Management Program (Item 8)").

The Special Indicator Codes are also on the back of the card for easy reference.

Date of Birth (Item 5)

The date of birth indicates the recipient's age and identifies eligibility for those services with age restrictions, such as dental care for recipients under 21 years of age. The date of birth should be checked prior to rendering any services.

Sex (Item 6)

The recipient's gender is indicated on the card.

Insurance Information Section (Item 7)

The Insurance Information Section of the Medicaid card indicates in more detail any type of insurance coverage the recipient has in addition to Medicaid. This information includes specific insurance companies, dates of coverage, policy numbers, and a code that specifies the particular type of coverage of the policy. These items are:

Carrier Code	A three-digit code indicating the name of the insurance carrier, e.g., 001 for Medicare (See Insurance Company Code List for these code numbers in Exhibit III.7.) If the carrier code is 003 (not listed), call the recipient's local eligibility worker for assistance in obtaining the name of the insurance carrier.
--------------	--

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	7
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



ID Number	The last three digits of the recipient's Medicaid ID number
Dates	The first date on which this insurance policy was effective
Type Code	An alpha character describing the type of coverage provided by the policy, such as a "T" for dental coverage. (See Exhibit III.8, Type of Coverage Code List, for these codes.)
Policy Number/ Medicare Code	The specific policy or Medicare number for the insurance identified by the Carrier Code

Listed will only be insurance information for active policies during the period for which the card is issued. If there is no insurance, the insurance information portion of the card will be left blank. Otherwise, up to five different policies may be indicated for each recipient. If the patient reports insurance information different from what is on the card, refer the patient to his or her local Department of Social Services worker to correct the data so bills will process automatically.

The majority of insurance carriers which provide pharmacy coverage require the subscriber to bill for reimbursement and preclude direct billing by the pharmacy. Only insurance covering durable medical equipment must be billed directly by the pharmacy.

Under the assignment of benefits regulations, DMAS can act on behalf of the recipient (subscriber) and recover third-party payment from the primary carrier.

Workers' Compensation and other liability insurances (e.g., automobile liability insurance or home accident insurance) **are always considered as primary carriers** for cases where coverage is applicable to the injury being treated. Because the recipient's eligibility card cannot indicate this coverage, it is necessary that cause-of-injury information be obtained from the patient.

Primary Care Providers for Client Medical Management Program (Item 8)

Some eligibility cards list designated primary care providers (physician and/or pharmacy) by name and Medicaid provider identification number. A primary care designation or restriction is imposed by the Recipient Monitoring Unit of DMAS as a result of high utilization of services by the recipient causing unnecessary or duplicate services. The designated providers must agree to the relationship prior to the designation appearing on the recipient's card. Unless it is an emergency, do not provide services without contacting the primary care provider first for authorization. (Exhibit III.3 is an example of a restricted recipient eligibility card.)

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	8
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



VERIFICATION OF RECIPIENT ELIGIBILITY

[Effective Date: July 1969]

A new eligibility card is sent to the recipient periodically. Since benefits are available only for covered services performed during the patient's period of eligibility, **it is in the best interest of the provider to review the card each time services are rendered.**

It is the obligation of the provider of care to determine the identity of the person named on the eligibility card.

Qualified Medicare Beneficiaries (QMB) are eligible only for payment of Medicare premiums, deductibles, and coinsurance. Review of the eligibility card is essential to prevent billing Medicaid for non-covered services for this group.

Qualified Medicare Beneficiaries—Extended (QMB—Extended) are entitled to the full range of services under Medicaid and Medicare.

VERIFICATION OF THE AGE OF THE RECIPIENT

[Effective Date: July 1969]

The provider should verify the age of the recipient. If the provider has a question as to the age of the recipient, means of identification other than the Medicaid card should be examined.

RECIPIENT WITHOUT AN ELIGIBILITY CARD

[Effective Date: July 1969; Revised February 1986]

A recipient who seeks services without the correct current eligibility card should be considered responsible for all charges incurred unless eligibility is verified and should be so notified before care is rendered. The provider can assist the recipient in the verification of eligibility by using REVS or by contacting the local Department of Social Services servicing the patient's place of residence if an eligibility card has not yet been issued.

ASSISTANCE TO PATIENTS POSSIBLY ELIGIBLE FOR BENEFITS

[Effective Date: July 1969]

If a patient is unable to pay for services rendered, the provider may refer the patient or the patient's representative to the local Department of Social Services for an application for Medicaid. The Department of Social Services will notify the patient of eligibility or ineligibility. Medicaid assumes no financial responsibility for services rendered prior to the effective date of the recipient's eligibility. The effective date of Medicaid eligibility may be retroactive up to three months prior to the month in which the application was filed if the patient was eligible during the retroactive period. Services rendered and paid for may be billed to Medicaid and the patient's payment refunded in full. Medicaid does not reimburse recipients for out-of-pocket expenses incurred during the period eligibility was pending.

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	9
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



NON-MEDICAID PATIENT RELATIONSHIP

[Effective Date: May 7, 1991]

Medicaid-eligible recipients who elect to be treated as private patients or who decline to verify their Medicaid eligibility with providers, shall be treated as private pay patients by the provider and by DMAS. Providers shall be required to be able to furnish supporting documentation whenever patients fall into either of these categories.

NEWBORN INFANT ELIGIBILITY

[Effective Date: July 1969; Revised October 1984]

Routine newborn care upon delivery should be billed under the mother's Medicaid eligibility number, but subsequent care rendered to a newborn must be billed using the newborn's eligibility number. A newborn infant is automatically eligible for Medicaid if the mother is eligible. The infant must be enrolled, however, and receive his or her own Medicaid eligibility number.

If a mother delivers twins, both children's services cannot be billed under the mother's number. A separate number is required to bill for services for at least one of the children.

MEDICAID ELIGIBILITY FOR HOSPICE SERVICES

[Effective Date: July 1, 1990]

To be eligible to elect hospice as a Medicaid benefit, an individual must be entitled to Medicaid benefits and be certified as being terminally ill. "Terminally ill" is defined as having a medical prognosis that life expectancy is six months or less. If the individual is eligible for Medicare as well as Medicaid, the hospice benefit must be elected and revoked concurrently under both programs.

Manual Title AIDS Waiver Case Management Services Manual	Chapter III	Page 10
Chapter Subject Recipient Eligibility	Page Revision Date 3-15-94	



EXHIBIT III.1

EXAMPLE OF EMERGENCY MEDICAL CERTIFICATION FORM

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

EMERGENCY MEDICAL CERTIFICATION



FROM:

I. REFERRAL SECTION

TO: SUPERVISOR, DIVISION OF HEALTH SERVICES REVIEW
DEPT. OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET, SUITE 1300
RICHMOND, VA 23219

APPLICANT NAME: _____

CASE NUMBER: _____

THE ABOVE-NAMED INDIVIDUAL IS A NON-RESIDENT ALIEN WHO HAS APPLIED FOR MEDICAID. A DETERMINATION OF EMERGENCY NEED AND DURATION IS NEEDED NO LATER THAN _____. ATTACHED IS INFORMATION ON THE EMERGENCY MEDICAL TREATMENT. (DATE)

SIGNED _____ WORKER # _____ DATE: _____

II. CERTIFICATION SECTION

I HAVE REVIEWED THE MEDICAL EVIDENCE AND DETERMINE THAT THE MEDICAL CONDITION

☐ IS AN EMERGENCY ☐ IS NOT AN EMERGENCY.

THE REASON FOR DETERMINATION, OR SPECIFICS OF COVERED SERVICES AND DURATION OF COVERAGE ARE DETAILED BELOW.

SIGNED _____ TITLE: _____ DATE: _____

III. NOTIFICATION SECTION

TO: MEDICAID SERVICE PROVIDERS

☐ THE ABOVE-NAMED INDIVIDUAL HAS BEEN DETERMINED INELIGIBLE FOR MEDICAID BENEFITS. REASON FOR DENIAL: _____

☐ THE ABOVE-NAMED INDIVIDUAL IS ELIGIBLE FOR MEDICAID TO COVER EMERGENCY SERVICES. ONLY SERVICES DIRECTLY RELATED TO THE EMERGENCY ARE COVERED FOR THE TIME PERIOD SPECIFIED BELOW. THIS FORM SERVES AS YOUR NOTIFICATION OF ELIGIBILITY IN LIEU OF A MEDICAID CARD. IF YOU HAVE ANY QUESTIONS, CALL THE PROVIDER HELPLINE AT 1-800-552-8627.

PERIOD OF COVERAGE: _____

MEDICAID NUMBER: _____

OTHER INSURANCE: _____

SIGNED _____ TITLE: _____ DATE: _____

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	11
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.2

EXAMPLE OF RECIPIENT ELIGIBILITY CARD

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

CASE ID NUMBER		THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF		THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM	
123-456789 (3a) PLUS		NOVEMBER 1993 (1b)			
BIRTH DATE	SEX	ID NUMBER	SI	NAME	BEGIN DATE
10 31 1953	F	01-5	C	DOE, JANE	11 01 93
09 22 1972	M	03-3	A	DOE, SAM	11 01 93
04 05 1975	M	04-8	A	DOE, TED	11 01 93
01 14 1979	M	05-6	A	DOE, ALLEN	11 01 93
11 02 1990	F	06-4	A	DOE, ANN	11 01 93
(5)	(6)	(3b)	(4)	(2)	(1a)

NOTICE TO RECIPIENTS (PLEASE READ BEFORE USING THE ATTACHED CARD)

CD- 5 123 10/20/93

FOLO ABOVE DOTTED LINE

INSURANCE INFORMATION

CASE ID NUMBER		PLUS		THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF		THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM	
123-456789							
CARRIER	BEGIN DATE	ID NUMBER	TVP	POLICY #	MEDICARE #		
		(7)					

DOE, JANE
444 STATE STREET
CAROLINA VIRGINIA
23232-1000

VOID

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	12
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.3

EXAMPLE OF RESTRICTED RECIPIENT ELIGIBILITY CARD CLIENT MEDICAL MANAGEMENT PROGRAM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

CASE ID NUMBER 444-456789 (3a)		PLUS ↓		THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF → NOVEMBER 1993 (1b)		THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM ↓	
BIRTH DATE	SEX	ID. NUMBER	SI	NAME		BEGIN DATE	
01 08 1940 (5)	F (6)	01-3 (3b)	C (4)	Doe, Donna (2)		11 01 93 (1a)	
Primary Care Provider(s): Physician: 22 66666 Dick Smith MD Pharmacy: 33 77777 Jones Pharmacy Other Providers should not render any Services except on an emergency basis or upon referral from the Primary Care Provider.							

NOTICE TO RECIPIENTS (PLEASE READ BEFORE USING THE ATTACHED CARD)

CD- 5 C/C 444 10/20/93

FOLD ABOVE DOTTED LINE

INSURANCE INFORMATION

CASE ID NUMBER 444-456789		PLUS ↓		ADDRESS Donna D. Doe 7996 Small Street Anytown, Virginia 23122		TEAR ▼	
CARRIER	BEGIN DATE	ID. NUMBER	TYP	POLICY # / MEDICARE #			
001	0101 90	01-3	J	12345678A			
001	0101 90	01-3	H	12345678A			
003	0701 85	01-3	D	553398 - GP7			
		(7)					

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	13
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.4

EXAMPLE OF RECIPIENT ELIGIBILITY CARD QUALIFIED MEDICARE BENEFICIARY--QMB

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

CASE ID NUMBER 123-456789 (3a)		PLUS THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF NOVEMBER 1993 (1b)		THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM	
BIRTH DATE 01 01 1926 (5)	SEX F (6)	ID. NUMBER 01-8 (3b)	SI C (4)	NAME DOE, MARY (2)	BEGIN DATE 11 01 93 (1a)
QUALIFIED MEDICARE BENEFICIARY--QMB MEDICAID PAYMENT LIMITED TO MEDICARE COINSURANCE AND DEDUCTIBLE					

CD- 8 FC 123 10/20/93

FOLD ABOVE DOTTED LINE

INSURANCE INFORMATION

CASE ID NUMBER 123-456789		PLUS THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF NOVEMBER 1993 (1b)		THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM	
CARRIER 001	BEGIN DATE 0101 '91	ID. NUMBER 01-8	TYPE J	POLICY # 444555544A	MEDICARE #
001	0101 '91	01-8	H	444555544A	
(7)					

DOE, MARY
555 MAPLE LANE
CAROLINE, VIRGINIA
23232-1000

VOID

NOTICE TO RECIPIENTS (PLEASE READ BEFORE USING THE ATTACHED CARD)

Manual Title	Chapter:	Page
AIDS Waiver Case Management Services Manual	III	14
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.5

EXAMPLE OF RECIPIENT ELIGIBILITY CARD QUALIFIED MEDICARE BENEFICIARY--QMB EXTENDED

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ELIGIBILITY CARD

CASE ID NUMBER: 123-456789 (3a) PLUS

THE FOLLOWING INDIVIDUALS ARE ELIGIBLE THROUGH THE LAST DAY OF: NOVEMBER 1993 (1b)

THE FOLLOWING INDIVIDUALS ARE ELIGIBLE FROM: 11/01/93 (1d)

BIRTH DATE	SEX	LD. NUMBER	SI	NAME	BEGIN DATE
01/01/1923 (5)	M	01-9 (6)	C (3b)	DOE, JOHN (4)	11/01/93 (1d)

QUALIFIED MEDICARE BENEFICIARY--QMB EXTENDED

CD- 9 CC 123 10/20/93

FOLD ABOVE DOTTED LINE

INSURANCE INFORMATION

CASE ID NUMBER: 123-456789 PLUS

CARRIER	BEGIN DATE	ID. NUMBER	TYP	POLICY # / MEDICARE #
001	01/01/90	01-9 (7)	J	666777766A

DOE, JOHN
444 State Street
Caroline, Virginia
23232-1000

VOID

NOTICE TO RECIPIENTS (PLEASE READ BEFORE USING THE ATTACHED CARD)

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	15
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.6

EXAMPLE OF THE BACK OF THE RECIPIENT ELIGIBILITY CARD

INSTRUCTIONS TO RECIPIENTS

1. This is your Medicaid card which shows who in your family is eligible for Medicaid services. It is issued by the Department of Medical Assistance Services.
2. Only those persons listed on the card are entitled to Medicaid services.
3. Show this card to the hospital, doctor, drug store and any other medical service provider every time you receive a medical service. You may also have to show some identification.
4. The medical service provider must currently be enrolled with the Virginia Department of Medical Assistance Services. Ask the provider before you receive a service if he or she is enrolled with Medicaid.
5. This card is good only for the dates shown on it.
6. Call your local Department of Social Services immediately if you change your address, if your income or resources change, if your health insurance changes, or if you lose your Medicaid card.
7. **WARNING:** Intentional misuse of this card is against the law, is fraud, and will make the offender liable to prosecution under federal and state laws.
8. If you have any questions about your medical benefits, call your local Department of Social Services.
9. **TEAR THIS OFF WHERE INDICATED >>>**
SEPARATE THE MESSAGE FROM THE CARD AND FOLD THE CARD
ACCORDING TO INSTRUCTIONS. YOU MUST HAVE THE ENTIRE CARD
WITH YOU FOR IT TO BE USED.

▼ TEAR HERE ▼

▼ TEAR HERE ▼

SPECIAL INDICATOR CODES

- A = Under 21, no co-pay, eligible for certain additional services.
B = No co-pay required on any service.
C = Certain co-pays apply.

NOTE: No copays apply for any pregnancy-related service, drug, or supply or any family planning service, drug, or supply.

INSTRUCTIONS TO PROVIDERS OF SERVICE

1. Be sure to see the card each time service is provided.
2. Another form of identification may be requested to verify the recipient's identification.
3. This card is valid for the dates indicated.
4. Only those persons listed on this card are eligible for benefits.
5. A provider must be currently enrolled with the Department of Medical Assistance Services Program to receive payment.
6. If there are questions, contact the Department of Medical Assistance Services, P.O. Box 537, Richmond, Virginia 23204.
7. If there are primary care providers indicated on the face of this card, other providers should not render services except on an emergency basis or upon referral from the designated primary care providers.

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	16
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.7 INSURANCE COMPANY CODES

<u>Code</u>	<u>Name</u>	<u>Code</u>	<u>Name</u>
001	Medicare	039	Columbia Mutual
002	Absent Parent	040	CHAMPUS
003	Not Listed	041	CHAMPVA
004	Amer Comm Mutual Ins.	042	Charter Security
005	Academy Life Insurance Company	043	The Chesapeake Life Ins Co
006	Aetna Life Insurance Company	044	The Citadel Life Ins Co
007	Allstate Insurance Company	045	Citizens Home
008	American Defender Life Ins Co	046	Coastal States Life Ins Co
009	American Fidelity Ins Co	047	Colonial Life & Accident Ins
010	American Heritage Life Ins Co	048	Colonial Penn Insurance Co
011	American Mutual Insurance Co of Boston	049	Combined Ins Co of America
012	Amer Reserve	050	Connecticut General
013	Appalachian National Life Ins Co	051	Continental Casualty Co
014	Wilset Associates Ins.	052	Central States Hlth & Life of Omaha
015	Walmart Assoc Hlth Plan	053	Deer
016	American Income Life Ins Co	054	Founders Life Assurance
017	Amer Senior Citizens	055	Dependable Insurance Co Inc
018	Amer Cancer	056	Diamond St
019	American Integrity Ins Co	057	Durham Life Company
020	Bankers Fidelity Life Ins Co	058	Group Health Association Inc
021	Bankers Life & Casualty Co	059	Guarantee Trust Life Ins Co
022	Bankers Life Ins Co of Nebraska	060	Eastern Insurance Company
023	Beneficial Natl	061	EMMCO
024	Blue Ridge Insurance Company	062	Employers Life Ins Co of Wausau
025	Builders Life	063	Equitable Life Assurance
026	Amer Family Life Assurance Co of Columbus	064	Equity National Life Ins Co
027	Atlantic Life	065	Excel
028	American Motorists Ins Co	066	Group Health Association Inc
029	Beneficial Multiple Ins	067	The Guardian Ins & Annuity Co Inc
030	BC/BS of VA	068	Health Benefit Claim
031	BC/BS of Southwest VA	069	Income Protection Policy
032	BC/BS of Northern VA/DC	070	Federal Home Life Ins Co
033	BC/BS of Maryland	071	Federal Kemper Ins Co
034	BC/BS of Tennessee	072	Federated Life Ins Co
035	BC/BS of Kentucky	073	Fidelity Bankers Life Ins Co
036	Other BC/BS	074	Firemans Fund Ins Co
037	Commonwealth Life Ins Co of KY	075	Firemans Ins Co of Washington D.C.
038	Constitution Life Ins Co	076	First Colony Life Ins Co

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	17
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	

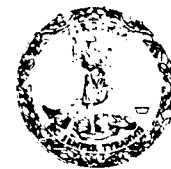


EXHIBIT III.7 (continued)

<u>Code</u>	<u>Name</u>	<u>Code</u>	<u>Name</u>
077	First Virginia Life Ins Co	116	Liberty National Life Ins Co
078	The Franklin Life Ins Co	117	Life & Casualty Co of Tennessee
079	Ideal Mutual	118	Life Insurance Co of Georgia
080	ITT Life Ins Corporation	119	Life of North America
081	INA Benefit Ser	120	The Life Ins Co of Virginia
082	Gen Fidelity	121	Lincoln American Life Ins Co
083	Globe Life Insurance Company	122	Lone Star Life Insurance Co
084	Geotwn Com Hth Plan	123	Lumbermens
085	Gov Emp Life Ins	124	Orange State Life & Health Ins Co
086	Gulf Life Insurance Company	125	People Life
087	Beverly Enterprises	126	Protective Life Insurance Co
088	Independent Life & Accident Ins Co	127	The Pyramid Life Insurance Co
089	The Lincoln Natl Life Ins Co	128	Maryland Life
090	Hartford Life Insurance	129	Massachusetts Gen Life Ins Co
091	Herald Life	130	Massachusetts Mutual Life Ins Co
092	Home Beneficial Life Ins Co	131	Mayflower National Life Ins Co
093	Home Life Insurance Company	132	Med Indemnity Company
094	Home Security	133	Metropolitan Casualty Ins Co
095	Labor Dist Cancer VA Hlt	134	Midland Mutual Life Ins Co
096	Life Investors Insurance Company of America	135	Mid-South Insurance Company
097	Mutual Protective Ins Co	136	Mid-States
098	Montgomery Ward Life Ins Co	137	Midwest National
099	Independence	138	Mutual of Omaha Insurance Co
100	Integon Life Insurance Corp	139	Mutual Life
101	Integrity National Life Ins Co	140	Route Carrier Bene Plan
102	Inter-State Assurance Co	141	Supreme Life of American
103	Investors	142	Southeast Life
104	National Assoc Gover Employ	143	National American Life Ins Co of Pennsylvania
105	National Senior Citizens	144	National Consumers
106	National Travelers Life Co	145	Nat'l Home Life Assurance Co
107	John Hancock Mutual Life Ins Co	146	National Indemnity Company
108	National Benefit Life Ins Co	147	National Life Insurance Co
109	Kennesaw Life & Accident Ins Co	148	National Savings Life Ins Co
110	Kentucky Central Insurance Co	149	National Union
111	Key Life	150	Nationwide
112	National Accident & Health	151	New York Life Insurance Co
113	National Life & Accident	152	North American
114	Nat'l Casualty Co Service Office	153	Northwestern National
115	Liberty Life Insurance Company	154	UFCW

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	18
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.7 (continued)

<u>Code</u>	<u>Name</u>	<u>Code</u>	<u>Name</u>
155	Southwestern Life Ins Co	194	Twentieth Century Life Ins Co
156	Occidental	195	FMC Corporation
157	Optometric Service Corp	196	Union Central Life Ins Co
158	Sentry Life Insurance Company	197	USAF Dept of Defense
159	Standard Life & Accident Ins Co	198	United Family Life Ins Co
160	The Paul Revere Life Ins Co	199	USSA
161	The Penn Mutual Life Ins Co	200	Union Security Life Ins Co
162	J. C. Penney Insurance Co	201	United American Ins Co
163	Pension Life	202	United Fire Insurance Company
164	Physicians Life Insurance Co	203	U M W
165	Pilot Life	204	Universal Life Insurance Co
166	Pioneer	205	Central Resrv. Life of North America Ins Co
167	Provident	206	United Insurance Company of America
168	Prudential	207	National Foundation Life
169	Confed Admin Services	208	The Western & Southern Life Ins Co
170	C&O Railroad	209	Zeba Trust
171	Senior Amer	210	Aluminum Workers
172	Reliance	211	Amal Cloth & Tex
173	Republic	212	Amal Meatcutters
174	Reserve Life Insurance Company	213	American Fed of Govt Emp
175	Royal Globe	214	Postal Workers Union
176	Trust	215	Asbestos Workers
177	The Union Labor Life Ins Co	216	Bake Conf Tab Workers
178	Union Bankers Insurance Company	217	Bricklayers Union
179	United Equitable Insurance Co	218	Brhd Railway Clerks
180	SAFECO	219	Carpenters Union
181	Scholastic	220	Comm Workers of America
182	Total Program Admin	221	Const Gen Lab Union
183	Shenandoah Life Insurance Co	222	Int Asso Machinists
184	Southern Aid Life Ins Co Inc	223	Int Brhd Elect Workers
185	Southland Life Insurance Co	224	Int Un OP Engineers
186	Southwest General	225	Ironworkers
187	State Farm	226	Millwrights Union
188	Sun Life	227	National Asso Letter Carriers
189	ITPE - NMU	228	Mail Hand Wtmen Msgr
190	Network Health Plan Corporation	229	Plast & Cement
191	United Chamber Assur Plan	230	Plumb & Steamfit
192	Trans-General Life Ins Co	231	Sheetmetal Workers
193	Travelers	232	Teamsters

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	19
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.7 (continued)

<u>Code</u>	<u>Name</u>	<u>Code</u>	<u>Name</u>
233	Food & Comm. Workers	272	First Continental Life & Accident Insurance Company
234	United Paperworkers	273	Mountain Trail Insurance
235	United Steelworkers	274	National Home Health
236	Warehouse Employees	275	Corroon & Black Benefit
237	Benefit Management	276	VA Independent Coal Corp
238	Great American Ins Co	277	United of Omaha Life Ins Co
239	Bankers Multiple Line Ins E Co	278	Nt'l League of Postmasters
240	VA Dental Plan	279	Benefits Plan Ser Incorp
241	VA Farm Bureau Mutual	280	Contract Drivers Ins Tru
242	VA Mutual Benefit	281	Trans Amer Accidental LF
243	VA Surety Co	282	Food Health Care
244	Volunteer St	283	Richmond Beneficial Life
245	Emerson Elec Benefit Plan T	284	Union Fidelity Life Ins Co
246	Eastern Med Supply Polic	285	Southern Lumber Manf Spe
247	Harden	286	Union Plan Administration
248	Wausau Underwriters Ins Co	287	Woodmen of the World Life Insurance Society
249	Western National Life Ins Co	288	Washington National Ins Co
250	World Insurance Co	289	North Carolina Mutual Life Ins Co
251	Health Care Admin	290	Sperry Marine System
252	Crown Life Ins Co	291	U S Dept of Labor Blk Lg
253	Keystone Trust	292	CIF Service Center
254	Youthguard	293	Virginia Plan
255	United Benefit Life	294	Ministers Insurance Assoc
256	Virginia Health & Accident Assoc	295	Kiser Insurance Co
257	Guarantee Reserve Life Ins Co	296	Central VA Retail Clerk
258	National Liberty Life	297	Coastal Plain Insurance
259	George Washington Life Ins Co	298	N N Investors Life Ins
260	Pennsylvania Life Ins Co	299	Student Accident Protect
261	Old American Insurance Company	300	VA Dental Service Plan
262	Monumental Life Insurance Company	301	Weaver Associates
263	Central VA UFCW	302	Horsemen Ben & Prot Asso
264	Newport News Shipyard	303	Pacific Mutual Life Ins Co
265	Physicians Mutual Life Ins Co	304	The Ohio State Life Ins Co
266	Reinsured Lex Group Insurance	305	Delta Dental Plan of Virginia
267	Employee Benefit Claims	306	Postmaster Benefit Plan
268	Veterans	307	Equicor Health Plan
269	Washington Area Corp Car	308	ESMARK
270	Wayne Admin Group Insurance	309	Optima Health Plan
271	New England Life	310	Smithfield Food Health Plan

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	20
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.7 (continued)

<u>Code</u>	<u>Name</u>	<u>Code</u>	<u>Name</u>
311	J P Kennedy Insurance Co	350	Weyerhaeuser Group Ins
312	Humana Care Plans	351	The Mail Handlers Bene P
313	Alliance Health Benefit Plan	352	Choice Ins Health Plan
314	HRSA/ILA	353	MWH Medicorp Medical Plan
315	Rollins Insurance Company	354	Gov. Emp. Hosp Assoc
316	AARP	355	Vulcan Medical Insurance
317	Time Insurance Company	356	John Alden Life Ins Co
318	Coastal Health Care Plan	357	Providers Allcare Ins Co
319	HMO Plus	358	Life & Hlth Ins Co Amer
320	Health America	359	Central Life Assurance Co
321	Quaker City	360	IBEX Benefits
322	Monumental General Health	361	Great Western
323	Union Life/Hospital Indemnity	362	Confederation Life
324	Union Federal National	363	BC/BS of Massachusetts
325	Colonial Benefit Adminis	364	American Republic Insurance Co
326	PruCare	365	Health Care Plan Administration
327	Northeast Delta Insurance	366	Horace Mann Insurance Company
328	H J Williams Company Ins	367	American General Life & Accident Insurance Company
329	Beneficial Standard Life Ins Co	368	Oxford Health Plan
330	Federal Life & Casualty	369	General American Ins Company
331	Bayly Martin & Fay Ins	370	North Brook Insurance
332	HMO of Pennsylvania	371	Heritage National Health Plan
333	Boiler Makers Union	372	Global Ins Management
334	Engineers Union 106	373	Florida Rock Industries
335	U S Fidelity & Guaranty	374	Veterans of Foreign Wars
336	Avtex Fibers, Inc	375	Hudson Group Admins
337	Stoufers Concourse Hotel	376	Kaiser Permanente
338	Loyal American Life Insurance Co	377	Harvest Life
339	Prudential Auto Dealer	378	Tennessee Company Group
340	Security Trust Life Ins Co	379	Transport Life Insurance Co
341	State Mutual Ins	380	Control Data Benefit Ser
342	National Capital Admin Servc	381	Great West Life Assurance Co
343	Kiser Georgetown Ins	382	Hechinger Attn: Benefit Office
344	Private Health Care Sys	383	Home Builders Associates of VA Health Benefit Trust
345	Secare 65	384	Great West Life Assurance Co Philadelphia Benefit Payment
346	Teachers Protective Mutual Life Insurance Company	385	Chesterfield Resource Inc
347	CCEB Trust	386	Security Trust Life Ins Co
348	Sea Farers		
349	CNS Wholesale Grocery		

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	21
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.7 (continued)

<u>Code</u>	<u>Name</u>	<u>Code</u>	<u>Name</u>
387	Hilton Nevada Corporation Group Health Benefit	421	Bassett Walker
388	Daystorm Ladd Furniture	422	Atlanta Group Benefit Center
389	Sentara Health Plan	423	Long - Air Dox Co
390	Capitol American Life Ins Co	424	ALTA
391	Principal Mutual Life Ins Co	425	United Furniture Workers Ins Fund
392	Fieldcrest Mills	426	Atlanta Life Ins Co
393	Hudson Group Administrator Inc	427	Group Health Administrators
394	Golden Rule Life Ins Co	428	Medical Facilities of America Inc.
395	Consumers United Life Ins Co	429	CIGNA
396	Comprehensive Benefits Service Company Inc	430	Advanced Insurance Service
397	Dean Company Employee	431	ITT Hartford
398	Planned Administrator Inc	432	Health Claim Services
399	Awana Clubs Internationals	433	Fringe Benefit Review
400	Group Insurance Service Center Dan River Mills Inc	434	NGS American
401	Lincoln National Life Ins Co	435	Jefferson Pilot C/O AMPRO Fisheries
402	Booke and Company	436	Crum & Foster Ins Charlotte Regional Office
403	Medical Doctors Independent Practice Association	437	T.P.A. of Georgia
404	Corporate Systems Administrati	438	Security Life Ins Co of America
405	Transport Life Ins Co	439	McDonough-Caperton Benefit Service
406	C and A Insurance Company	440	PCS Health System, Claims
407	Federal Express Corporation Group Health Administration	441	Lawrence Musgrove Assoc.
408	Roses Interactive Medical Systems	442	Washington Post - Self Insurer
409	Charles Company Employee Benefit Trust	443	Optimum Choice, Inc.
410	Providers Allcare Adm		
411	Settlers Life Insurance Co		
412	Northern Group Services Inc		
413	Aid Association for Lutherans		
414	Old Surety Life of Texas		
415	Pacific Fidelity Life Ins Co		
416	Lane Company Inc Health Care Plan		
417	Reynolds Metals Insurance		
418	C and O Employees Hosp Assoc		
419	Campbell Taggart Inc		
420	Cobra Service		

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	22
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.8

TYPE OF COVERAGE CODES

Code Type of Coverage

A Hospital

Covers room and board, radiographs, lab tests, and other charges while the policy holder is a hospital inpatient.

B Medical/Surgical

Covers lab, radiograph, and surgery performed by a doctor or a clinic.

C Hospital and Surgical

Combination of A and B.

D Hospital, Surgical, and Major Medical

Combination of A and B plus major medical. Major medical covers such items as office visits, prescription drugs, and medical supplies and usually requires a specified deductible.

E Medical/Surgical and Major Medical

Combination of B with major medical.

G HMO (Health Maintenance Organization)

Prepaid health plan for services at a specified clinic.

H Medicare Part B

SMI - Supplemental Medical Insurance, covers physician services, outpatient services, Home Health Care, some medical supplies (Most beneficiaries with Part A coverage will be entitled to Part B, since Medicaid will buy-in Part B premiums. Beneficiaries with a Medicare claim number ending in "M" will be eligible for Part B only.)

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	23
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT IIL8 (continued)

<u>Code</u>	<u>Type of Coverage</u>
J	Medicare Part A HI - Hospital Insurance covers inpatient hospital services and a limited number of skilled care days.
K	Medicare Extended A commercial policy that supplements Medicare. Covers a percentage of Medicare coinsurance and deductible.
L	Medicare Extended Plus Major Medical K plus Major Medical - Additional coverage includes prescription drugs and some items not covered by Medicare and usually requires a deductible for services covered by major medical.
M	CHAMPUS Civilian Health and Medical Program for Uniformed Services. Covers dependents of individuals on active duty or retired from the military.
N	FEP (Federal Employee Program) Covers current and retired federal employees. Includes hospital, surgical, and major medical coverage.
P	Income Protection (Indemnity Policy) Pays a predetermined amount to the beneficiary while confined to a hospital.
Q	Cancer Insurance Covers certain medical expenses only if the beneficiary is treated for cancer.

Manual Title	Chapter	Page
AIDS Waiver Case Management Services Manual	III	24
Chapter Subject	Page Revision Date	
Recipient Eligibility	3-15-94	



EXHIBIT III.8 (continued)

<u>Code</u>	<u>Type of Coverage</u>
R	Prescription Policy Pays for prescription drugs. Usually a small deductible is required for each prescription.
S	School and Accident Policies Covers certain medical expenses only if the beneficiary is injured at school or receives an accidental injury.
T	Dental Insurance Covers specified dental care.
U	Court-Ordered Medical Care by Absent Parent
V	Vision Care Covers specified vision care. This coverage usually includes eye exams, glasses, and contact lenses.
W	Workers' Compensation Covers medical care for on-the-job injury. This care must be performed by a specified provider or clinic.
Z	Coverage by an absent parent